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MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET Substitute for Form PTO-1360 (For use with Form PTO/SB-06)				Application Number 10/537,429		Filing Date 02 June, 2005		<input type="checkbox"/> To be Mailed				
				Applicant(s) BOXENHORN, DAVID		Page 1 of 2						
* May be used for additional claims or amendments												
CLAIMS	AS FILED		AFTER FIRST AMENDMENT 11/21/2008		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1							51					
2							52					
3							53					
4							54			1		
5							55				1	
6							56				1	
7							57				1	
8							58				1	
9							59				1	
10							60				1	
11							61				1	
12							62				1	
13							63				1	
14							64				1	
15							65				1	
16							66				1	
17							67				1	
18							68				13	
19							69				1	
20							70				1	
21							71				1	
22							72				1	
23							73				1	
24							74				1	
25							75				1	
26							76				1	
27							77				1	
28							78				1	
29							79				1	
30							80			1		
31							81			1		
32							82				1	
33							83				1	
34							84				1	
35							85				1	
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep							Total Indep			3		
Total Depend							Total Depend				40	
Total Claims							Total Claims			43		

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Part of Paper No20090108-2.

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**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**Substitute for Form PTO-1360
(For use with Form PTO/SB/06)

Application Number

10/537,429

Filing Date

02 June, 2005

Applicant(s)

BOXENHORN, DAVID

Page 2 of 2

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SEC. AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							151					
102							152					
103							153					
104							154					
105							155					
106							156					
107							157					
108							158					
109							159					
110							160					
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139							189					
140							190					
141							191					
142							192					
143							193					
144							194					
145							195					
146							196					
147							197					
148							198					
149							199					
150							200					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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